

King County Insurance Beneficiary Update Form

- Submit this form to update your life and AD&D insurance beneficiaries. It replaces previously submitted forms, so provide all information for all beneficiaries and attach additional forms as needed. (Separate forms are required to designate state retirement and, if you're enrolled, deferred compensation beneficiaries. Get the state form at www.wa.gov/drs/ or call 1.800.547.6657. Get the deferred compensation form at rps.troweprice.com/kingcounty/retirementplan/ or call 1.888.457.5770.)
- List beneficiaries for both life and AD&D on this form if you have both benefits, even if your beneficiaries are the same for both.
- Designate your beneficiaries as primary or contingent. Contingent beneficiaries receive benefits if all your primary contingents are not alive at the time of your death. If you don't designate primary or contingent, all beneficiaries listed are primary.
- Assign the percentage of your benefit each beneficiary receives. Percentages for all primary beneficiaries must total 100% and percentages for all contingent beneficiaries must total 100%. If you don't assign percentages, beneficiaries receive equal shares.
- Return form to Benefits & Well-Being, Yesler Building YES-HR-0500, 400 Yesler Way, Seattle 98104-2683 (phone 206.684.1556).

■ Life Insurance Beneficiaries

	Name	Relationship	Soc Sec No	Birth Date	Contact Phone	Primary	Contingent	%
1.	_____					<input type="checkbox"/>	<input type="checkbox"/>	____
2.	_____					<input type="checkbox"/>	<input type="checkbox"/>	____
3.	_____					<input type="checkbox"/>	<input type="checkbox"/>	____
4.	_____					<input type="checkbox"/>	<input type="checkbox"/>	____
5.	_____					<input type="checkbox"/>	<input type="checkbox"/>	____

■ AD&D Insurance Beneficiaries

If you're a part-time Local 587 employee enrolled in Plan 1 without AD&D, do not complete this section.

	Name	Relationship	Soc Sec No	Birth Date	Contact Phone	Primary	Contingent	%
1.	_____					<input type="checkbox"/>	<input type="checkbox"/>	____
2.	_____					<input type="checkbox"/>	<input type="checkbox"/>	____
3.	_____					<input type="checkbox"/>	<input type="checkbox"/>	____
4.	_____					<input type="checkbox"/>	<input type="checkbox"/>	____
5.	_____					<input type="checkbox"/>	<input type="checkbox"/>	____

■ Spouse Waiver

If you're married and designate anyone other than or in addition to your spouse as your primary beneficiary, spouse must sign this section.

I am the spouse of the employee who signed this form. As such, I understand that upon the death of my spouse, I may be entitled to receive a plan benefit. I understand that by signing this statement, I hereby consent to the designation of primary beneficiary(ies) other than/in addition to myself and thereby waive my right to full payment upon the death of my spouse.

Spouse Signature _____ Date Signed _____

Printed Name _____

■ Employee Authorization

By signing and dating this form, I designate the above as my beneficiary(ies). I understand that if a minor (person not of legal age) or my estate is the beneficiary, it may be necessary to have a guardian or legal representative appointed before any death benefit can be paid. This may mean legal expenses for beneficiary(ies) and possible delay in payment to them.

Employee Signature _____ Date Signed _____

Printed Name _____ Contact Phone (____) _____

Paid ☐ 5th & 20th each month Pay ID No _____ Soc Sec No _____

☐ Every other Thursday